

ALERT FORM

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

This form is to be used only when a student with an IEP indicating a residential facility as the LRE has not been placed within 15 days of the IEP date AND there has been no communication regarding placement from the State Placing Agency.

STUDENT NAME: _____ First _____ Last _____ . DOB: _____

HOME SCHOOL DISTRICT: _____

HSD CONTACT: _____ PHONE _____

DATE IEP WRITTEN: _____

STATE PLACING AGENCY RESPONSIBLE FOR PLACEMENT: (SELECT ONE)

☐ AOC: _____ ☐ JCC or ☐ ADP

☐ DHS/ _____

☐ ADJC

☐ GILA RIVER RBHA

☐ DES/DDD: _____

☐ PASCUA YAQUI RBHA

☐ DES/ACYF: _____

☐ NAVAJO RBHA

SPA CONTACT: _____ PHONE: _____

Signature of Special Education Director or Representative

Date

ADE NOTES: _____

